Dietary Approaches to Hyperkalemia

What to Recommend to Patients:

A Balanced Diet is Important:

- Balanced diet with fruits, vegetables, legumes, whole grains (base-producing, insulin-stimulating, high fiber content: ↓ K+ bioavailability)
- Limit processed meat (acid-producing: ↑ K+ bioavailability)
- There are no "good" and "bad" foods. Encourage portion control, promote whole foods

Food Preparation Affects K+ content:

- Foods w/ preservatives or additives, salt substitutes, and some supplements are high in K+ 4
- Double boiling (discard cooking water) decreases K+ content
- Drying food concentrates K+
- Limit ultraprocessed foods – they often contain K+ additives

Other Considerations:

- Control blood sugar and acidosis
- Refer to dietitian for individualized nutrition care for patients with advanced CKD
- Treat constipation to enhance gastrointestinal K+ excretion:
  - High fibre diet
  - Balanced diet with physical activity
  - Adequate fluid intake
  - Use laxatives safe in CKD 5

Potassium Misconceptions:

Myth 1: Restricting dietary K+ is useful to prevent hyperkalemia
- What we now know: Dietary K+ intake does not correlate well with serum K+ but serum K+ may be transiently elevated after high K+ meal
- Therefore, avoid extreme restriction of dietary K+

Myth 2: Avoid fruits and vegetables – the main sources of dietary K+
- What we now know: K+ is ubiquitous - meat, dairy, whole grains, legumes, and additives in processed foods are also significant sources
  - Despite K+ content, bioavailability varies depending on the food source

Myth 3: Dietary potassium ‘budget’ should be spent on animal protein
- What we now know: There is insufficient evidence to recommend a particular protein type
  - Follow nutritionally and culturally sound recommendations

For funding and support information, see: https://www.theisn.org/initiatives/toolkits/raasi-toolkit/#Support